



Employment Verification Form for Architectural Registration

Open Records Notice: The Texas Public Information Act, Ch. 552 TX Gov't Code, provides for public access to this document.

1. Applicant's Name: _____
First Middle/Initial Last

2. Mailing Address: : _____

Daytime Phone No. () _____ Email: _____

3. Employment Date: ☐ Full-time (35+ hrs /week)
☐ Part-time (at least 20-34 hrs/week/6 consecutive months) _____ hrs/per week
From: _____ To: _____
(Ending Date or "Present/Current")

4. Employer/Company: (Address): _____

5. Employment Type:
☐ Architectural services only
☐ Teaching Architecture as a full-time faculty member in a NAAB accredited program;
☐ Other (describe): _____

6. Supervisor's Name: _____
Company/Address: _____

7. If Supervisor is certified or registered, please provide the following information:

	State	Initial Certification or Registration Date	Certification/ Registration Number	Expiration Date
NCARB Certification				
Registered Architect				

Supervisor's Signature

Date

NOTICE TO PERSON COMPLETING THIS FORM: With few exceptions, upon request you are entitled to be informed about the information the Texas Board of Architectural Examiners (TBAE) collects about you through this form. Pursuant to Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review such information. Pursuant to Section 559.004 of the Texas Government Code, you are entitled to have TBAE correct information about you that is incorrect. Making a false statement under oath may be a Criminal Offense** Penal Code: 37:02 Perjury and other False Statements. Effective 9/1/95 H.B. 655, the 74th Legislature established a law to suspend professional licenses of those with child support delinquency.